REPORT OF RECEIPTS AND DISBURSEMENTS

FOR OTHER THAN AN AUTHORIZED COMMITTEE		RECEIVED
(Summary Page)		DERAL ELECTION
(Summary Page) 1. NAME OF COMMITTEE (in full) COMMISSION MAIL ROOM		
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE-EXPE	moded	FEC IDENTIFICATION NUM
Parallel and American	iebouea ldd	EEC IDENTIFICATION NUM DEC 1200 A IO S.D
320 FIRST STREET, S.E.		3. This committee qualifie
CITY,STATE and ZIP CODE		multicandidate committee.
WASHINGTON, D.C. 20003		See FEC FORM 1MI
	<u></u>	300 20 20
4. TYPE OF REPORT		
(3)	Monthly Report Due O	n:
April 12 cipatent report	eb 20June 20	October 20
_	March 20 Suly 20	November 20
July 15 Quantary Report	April 20 Aug 20	December 20
	May 20 Sept 20	January 31
	· —	
January 31 Year End Report	rwelfth day report precedin	
		(Type Of Election)
July 31 Mid Year Report (Non-election Year Only)	election on	in the slate of
		a the Ceneral Flaction on
Termination Report	Trinleth day report followin	a file Octional Crossocian and
	in the State of	
·	_	
(b) Is this Report an Amendment? X Yes NO		
	COLUMN A	COLUMN B
SUMMARY 5 Covering Period 6-1-99 through 6-30-99	This Period	Calendar Year-to-Date
3 Covering Farior	* .	\$537,905.32
в (a) Cash on Hand January 1, 1999		Ψοσι 1000.52
(b) Cash on Hand at Beginning of Reporting Period	\$620,324.68	
	+ O O O O O O O O O O O O O O O O	\$19,050,875.30
(c) Total Receipts (from Line 19)	\$4,702,672.26	\$18,000,010.00
	\$5,322,996.94	\$19,588,780.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A	40 ,022,000	
and Lines 6(a) and 6(c) for Column B)	4.44.	040 404 252 07
7 Total Disbursements (from Line 30)	\$4,225,488.39	\$18,491,252.07
	·	\$1,097,528.55
6 Cash on Hand at Close of Reporting Period (line 7 fm Line 6(c	+ - 1 1 1	For further information conta
Debts and Obligations Owed TO the Committee Output to Committee O	\$0.00	
(Itemize all on Schedule C and/or Schedule D)	- , , , , , , , , , , , , , , , , , , ,	999 E Street, NW
10 Debts and Obligations Owed BY the Committee	\$0.00	h
(Itemize all on Schedule C and/or Schedule D)	'i	Toll Free 800-424-9530
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct		Local 202-219-3420
Type or Print Name of Treasurer		
DONNA M. ANDERSON		
DONNA M. ANDERSON		Date
Signature of Treasurer		12/13/99
NOTE: Submission of false, entoneous, or incomplete infrometion may autoject the person signing this Report to the Penalties of 2 U.S.C. Sec.4		
NOTE: Submission of false, erroneous, or incomplete infrometion may autoject the	parson signing this reput	FEC FORM 3X
		(revised 9/93)
i	<u> </u>	·